

projection surrounding the internal orifice of the urethra. This Mr. McGill believes to be the commonest of the three forms of vesical prostate when an examination is made in the *living* subject, for when the bladder has been removed from the body, the prostate loses the support of its capsule and other fibrous tissues and consequently the projection into the bladder cavity is to a great extent lost; 2. A sessile enlargement of the middle lobe; 3. A pedunculated enlargement of this lobe. After showing how these forms of prostatic hypertrophy prevent in a greater or lesser degree the outflow of urine, the author recommends a new operation—suprapubic prostatectomy—in cases where operative interference is called for.

The operation is shortly as follows; 1. Suprapubic cystotomy the bladder and rectum both being distended; 2. Examination of the interior of the bladder, and if a condition of prostate as described above is found; 3. Removal of the same by means of scissors curved on the flat.

Prostatic haemorrhage is said not to be excessive. Five cases are mentioned which have been treated in this manner. One remains under treatment, the rest made a quick and satisfactory recovery and passed urine, without the aid of a catheter in a natural manner, whereas, before the operation constant catheterism was requisite. Two of the patients were seen after an interval of eight months and neither had in any way relapsed.—*Lancet*, Feb. 4, 1888.

IX. A Lecture on Tumors of the Bladder. By SIR HENRY THOMPSON, (London). After mentioning the varieties of vesical tumors and describing their symptoms, the lecturer in considering the question of operation, strongly deprecated any attempt to remove a cancerous growth though it might be necessary to open the bladder in such a condition to afford relief; although it had never fallen to his lot to meet with a case where such a proceeding seemed advisable.

For practical purposes two distinct classes of cases are met with. The larger class consists of those patients in whose urine the debris of papillomatous growths are found and which can be identified as such by the microscope. The second class consists of those cases in which

the symptoms point to vesical neoplasm, although no debris is to be found after repeated examination in the urine. For these, with rare exceptions, digital exploration, through a small opening in the perineum should be performed. This does not in the least interfere with a suprapubic cystotomy should such be necessary. For the first class this preliminary perineal incision is unnecessary, and Sir Henry Thompson, now that the value of the suprapubic operation is established, recommends its being undertaken forthwith. On this point he says: "When I first began to remove vesical tumors the value of the the new suprapubic procedure in regard of simplicity, safety and efficiency, had not been established; but an enlarged experience of it in my own hands, has convinced me that it offers advantages when the tumors are multiple or considerable not to be obtained by the perineal route. I cannot recommend that it should be performed when you merely entertain a suspicion, however strong, that tumor is present in any given case. As long as the absolute proof arising from fragments passed in the urine is absent, the perineal exploration is the only legitimate proceeding, unless it is deemed better to wait and make further research for indubitable evidence."

The lecturer has altogether operated on thirty-eight patients. [Although it is not stated, this presumably includes both perineal and suprapubic operations]. There appear to have been six deaths, four patients dying within a few days of the operation, partly from exhaustion, two from cystitis and peritonitis. Two succumbed to blood poisoning each on the twelfth day, one after the perineal incision and the other after the removal of a large tumor by the suprapubic route. Several are living with threatening return; the great majority have gained relief from severe symptoms, and some extension of life, varying considerably in different instances.—*Brit. Med. Jour.*, Jan. 7 and 14, 1888.

F. SWINFORD EDWARDS (London).

X. Case of Self-Mutilation of the Scrotum. By DR. ALEXANDER A. LESHTCHINSKY, (Dinaburg). An intense aversion felt by the kind-hearted, peaceful and industrious Russian peasantry toward